

Work Order ID 91911

91911

Page 1

October-19-12 2:23:24 PM

Item ID: D3019-1 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Seat Cushion
 Start Date: 10/18/12 Start Qty: 4.00 *4* Cust Item ID:
 Required Date: 11/02/12 Req'd Qty: 4.00 *4* Customer:
 Reference:

Approvals: Process Plan: ML5 Date: 12-10-22 Tooling: _____ Date: _____
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____
 Run Start *NR1*
 Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3019	B								
100	PURCHASING	0.00							
100									
Purchasing	Memo	0.00							
Purchasing	Issue P/O: <u>18212</u> Possible supplier: Chestnut Ridge Airflex fire-resistant aircraft cushioning Order: Grade 30-40 (colour green), Density 2.6lb/ft³ Material must meet FAR 27.853(a) or 25.853(a), Part is symmetric about centerline								
110	Receive & Inspect for Damage & Mat'l Certs	0.00							
110									
Packaging	Memo	0.00							
Packaging	Ensure Material Release Note is attached								

12-10-22

12/11/12 (4/6)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Page 2

October-19-12 2:23:24 PM

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 Start Date: 10/18/12 Start Qty: 4.00 *4* Cust Item ID:
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 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120	QC6- Inspect dimensions to drawing	0.00							
120									
QC	Memo	0.00							
Quality Control	*****REMOVE "CHESTNUT FOAM" LABEL AND ATTACH TO WORK ORDER FOR TRACEABILITY*****								
130	Identify as per dwg & Stock Location: 423	0.00							
130									
Packaging	Memo	0.00							
Packaging									
140	QC21- Final Inspection - Work Order Release	0.00							
140									
QC	Memo	0.00							
Quality Control									

FOAS
16
12/11/12

12/11/13 (4)

12/11/13

ME
12-11-13

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>						Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Picklist Print

October-19-12 2:23:24 PM

Page 1

Work Order ID: 91911

Parent Item: D3019-1

Parent Item Name: Seat Cushion

Start Date: 10/18/12

Required Date: 11/02/12

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP: B01.06.07Removed acid etch & alodine EC/SM
per NCR 11-588 DD VERF:EC IPP REV:C 11.08.08 added note

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3019-1P Back cushion		Purchased	No			110	Each	0.0000	1	4			

Per 11/18/12 (4)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

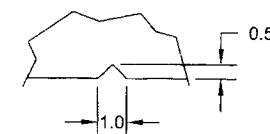
Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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FAULT CATEGORY											
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SPECIFICATION CONTROL DRAWING

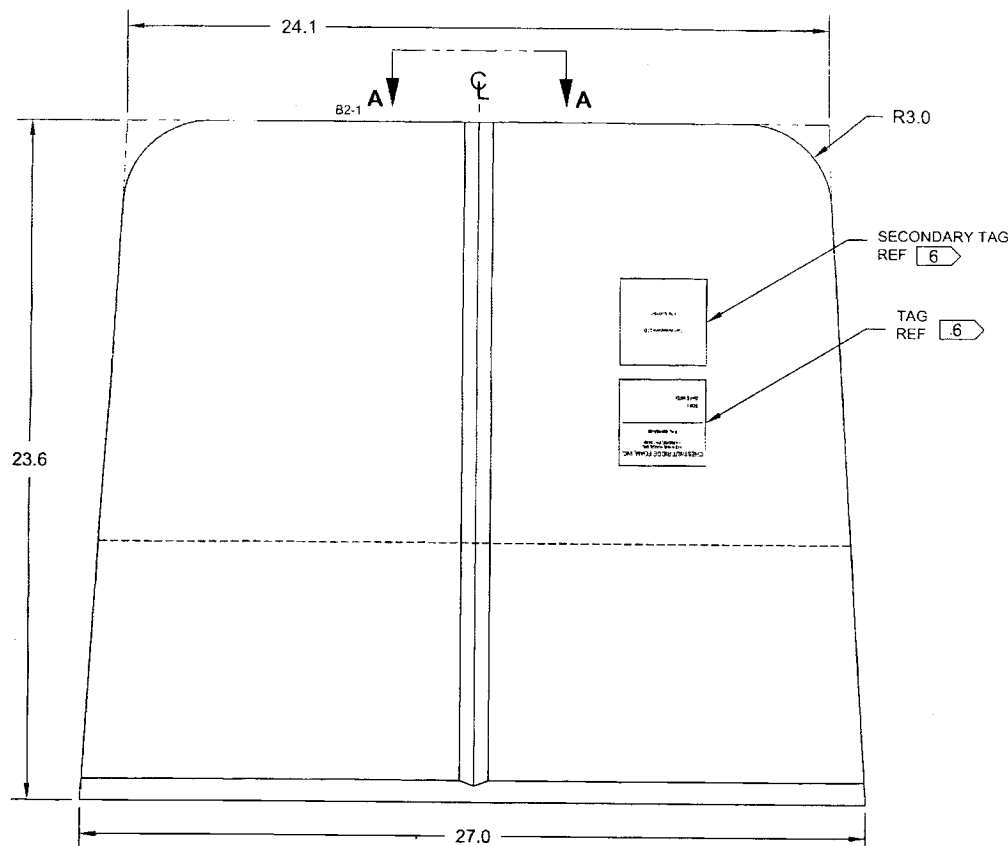
TABLE 1					
THICKNESS/ HEIGHT	TOLERANCE (+) (-)		LENGTH/ DEPTH	TOLERANCE (+) (-)	
0.0 - 0.50	0.05	0.05	0.00 - 5.00	0.35	0.05
0.51 - 1.00	0.13	0.05	5.01 - 12.00	0.13	0.13
1.01 - 3.00	0.13	0.05	12.01 - 24.00	0.25	0.25
3.01 +	0.19	0.13	24.01 +	0.50	0.38
				WIDTH (LEFT TO RIGHT)	
				0.00 - 5.00	0.05 0.05
				5.01 - 12.00	0.13 0.13
				12.01 - 24.00	0.25 0.25
				24.01 +	0.50 0.38

SHOP COPY
 REFURTOG
 ENGINEERING
 UNCONTROLLED COPY
 SUBJECT TO AMENDMENT
 WITHOUT NOTICE
 WORK ORDER NO. 91911 MJS
 12-10-22



VIEW A-A D7-1

RELEASED
 2011-05-13



D3019-1 BACK CUSHION

NOTES:

- 1) MATERIAL: MUST MEET FAR 27.853(a) OR 25.853(a) AIRFLEX FIRE-RESISTANT AIRCRAFT CUSHIONING GRADE 30-40 (COLOUR GREEN) DENSITY 2.6 lb/ft³
- 2) FINISH: NONE
- 3) TOLERANCES: PER TABLE 1
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A

- 6) IDENTIFICATION: TAG(S), BURNED, TO SHOW THE FOLLOWING AT MINIMUM:

CHESTNUT RIDGE FOAM, INC.
 443 WAREHOUSE DR.
 LATROBE, PA 15650
 SO#
 DATE MFD:
 DART AEROSPACE LTD. P/N D3019-1

- 7) PART IS SYMMETRICAL ABOUT CENTERLINE
- 8) MAKE PER TEMPLATE
- 9) POSSIBLE SUPPLIER: CHESTNUT RIDGE P/N 601988-99

B	UPDATE TO CURRENT STD; DRAWING REVISED	MB	11.05.10
A	NEW ISSUE	CP	01.05.18
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	11.05.10		

DART AEROSPACE LTD
 HAWKESBURY, ONTARIO, CANADA

DRAWING NO. D3019
 TITLE BACK CUSHION
 REV. B
 SHEET 1 OF 1
 SCALE NTS

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Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO18212

Purchase Order Date 10/23/2012

PO Print Date 10/23/2012

Page Number 1 of 1

Order From :

VU-CHE001

CHESTNUT RIDGE FOAM, INC.
PO BOX 6015
HERMITAGE, PA 16148
US

Contact Name

Vendor Phone

724 537 9000

Vendor Fax

724 537 9003

Vendor Account Nbr

Buyer

Brigitte Golden

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

USD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FAKED
[Signature]

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D3019-1P	Back cushion	11/9/2012 Yes	4.00 Each	FedEx PI collect	\$44.4200	\$177.68
		Special Inst:	Specification per DWG: D3019 Rev: B B91911				
2	D3018-1P	Seat Cushion	11/9/2012 Yes	4.00 Each	FedEx PI collect	\$57.6200	\$230.48
		Special Inst:	Specification per DWG: D3018 Rev: B B91892				
PO Total:							\$408.16

CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

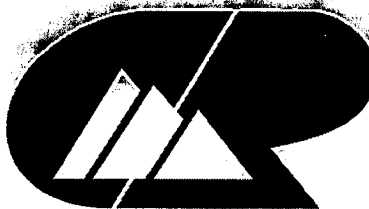
Change Nbr: 1

Change Date: 10/23/2012

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required - YES NO

Chestnut Ridge Foam, Inc.
443 Warehouse Drive
P.O. Box 781
Latrobe PA 15650

Phone: 724-537-9000
Fax: 724-537-9003



Packing Slip: 57517



Page: 1

Ship To:

Fed Exp #1517-9324-0
Dart Aerospace Ltd.
1270 Aberdeen Street
Tel: 613-632-3336
Hawkesbury ONTARIO, CANADA K6A 1K7

Sold To:

Bridgette Golden
Dart Aerospace Ltd.
1270 Aberdeen Street
Tel: 613-632-3336
Hawkesbury ONTARIO, CANADA K6A 1K7

PO: PO18212

Ship Via: Fed Exp Int P1

FOB: Origin

Ship Date: 11/7/2012

SO: 45651

Sales Person: Aircraft

*Certificate of Conformity that all components comply with 14CFR 25.853(a) 12 Second Vertical
Burn with Shipment*

Line	Planned Qty	Shipped Qty	Backorder	Part Number	Revision
1	4.00EA	4.00	0.00	D3019-1P	
				Description: AIRFLEX Back Cushion	
				Our Part: 601988-99	
2	4.00EA	4.00	0.00	D3018-1P	
				Description: AIRFLEX Bottom Cushion	
				Our Part: 502148-99	

CONTACT CHESTNUT RIDGE FOAM IF THERE IS DAMAGE OR DISCREPANCIES 724-537-9000



"URGENT! FLAMMABILITY CERTIFICATION
ENCLOSED. PLEASE FORWARD TO
PURCHASING. DO NOT THROW AWAY!"

Certificate of Conformance

SOLD TO:

Dart Aerospace
1270 Aberdeen Street
Hawkesbury
Ontario Canada K6A1K7

PURCHASE ORDER:

PO18212

SALES ORDER:

45651

DATE SHIPPED:

11/07/12

**I certify that the individual components comprising the part shipped
against the above-referenced purchase order meets the following
requirements:**

14 CFR 25.853(a), APPENDIX F, PART 1(a)(1)(ii), AMENDMENT 25-116

Quantity	Customer Part Number	Part Number	Material	Batch Number
4	D3019-1P	601988-99	AIRFLEX 30/40	AF12040
4	D3018-1P	502148-99	AIRFLEX 55/65	AF12043

MADE IN THE U.S.A

Diane Ryan

Digitally signed by Diane Ryan
DN: cn=Diane Ryan, o=Chestnut Ridge Foam,
Inc., ou=Quality Assurance Inspector,
email=crfqc@chestnutridgefoam.com, c=US
Date: 2012.11.07 08:24:11 -05'00'

❖ P.O. Box 781
❖ 443 Warehouse Drive

Latrobe, PA 15650

Phone 724-537-9000
Fax 724-537-9003

CHESTNUT RIDGE FOAM INC.
VERTICAL BURN TEST # 14634
12-SECOND VERTICAL BUNSEN BURNER TEST
FOR CABIN AND CARGO COMPARTMENT MATERIALS
SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT : CR AIRFLEX
BATCH / LOT NO : AF12040
CUSTOMER : PRODUCTION
P.O. NO :
OTHER IDENTIFICATION :

AFX 30-40

8/21/12

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : GREEN

CONDITIONING STARTED : DATE : 9-13-12
TIME : 10:00 AM

TEST STARTED : DATE : 9-14-12
TIME : 11:00 AM

RESULTS :

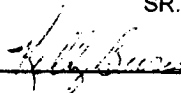
	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	3.3
#2.	0.0	0.0	3.3
#3.	0.0	0.0	3.4
AVG.	0.0	0.0	3.3

PASS : X FAIL :

COMMENTS :

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES
SR. LAB TECHNICIAN



CHESTNUT RIDGE FOAM INC.
VERTICAL BURN TEST # 14663
12-SECOND VERTICAL BUNSEN BURNER TEST
FOR CABIN AND CARGO COMPARTMENT MATERIALS
SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT : CR AIRFLEX
BATCH / LOT NO : AF12043
CUSTOMER : PRODUCTION
P.O. NO :
OTHER IDENTIFICATION : AFX 55-65

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : ORANGE

CONDITIONING STARTED : DATE : 10-1-12
TIME : 9:30 AM

TEST STARTED : DATE : 10-2-12
TIME : 10:25 AM

RESULTS :

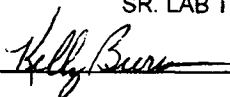
	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	4.8
#2.	0.0	0.0	4.7
#3.	0.0	0.0	4.9
AVG.	0.0	0.0	4.8

PASS : X FAIL :

COMMENTS :

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES
SR. LAB TECHNICIAN



**CHESTNUT RIDGE FOAM INC.
VERTICAL BURN TEST # 14546
12-SECOND VERTICAL BUNSEN BURNER TEST
FOR CABIN AND CARGO COMPARTMENT MATERIALS
SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853**

PRODUCT FR 4440 FABRIC
BATCH / LOT NO.: 8633
CUSTOMER PRODUCTION
P.O. NO.
OTHER IDENTIFICATION: SUPPLIED BY: HANES CONVERTING CO. OF CONOVER, NC
ON INVOICE #62-117735

TEST BEING RUN VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME

MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F: YES

MATERIAL COMPOSITION: NA

MATERIAL PATTERN: WOVEN

MATERIAL COLOR: TAN

CONDITIONING STARTED DATE: 7-5-12
TIME: 10:00 AM

TEST STARTED DATE: 7-6-12
TIME: 11:45 AM

RESULTS:

	FLAME TIME (SECONDS)		DRIPPINGS (SECONDS)		BURN LENGTH (INCHES)	
	WARP	FILL	WARP	FILL	WARP	FILL
#1.	0.0	0.0	0.0	0.0	3.4	3.6
#2.	0.0	0.0	0.0	0.0	3.6	3.5
#3.	0.0	0.0	0.0	0.0	3.5	3.5
AVG.	0.0	0.0	0.0	0.0	3.5	3.5

PASS X FAIL

COMMENTS:

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853, PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY KELLY BURES
SR. LAB TECHNICIAN

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HANES
engineered materials
A Leggett & Platt COMPANY

INVOICE

PLEASE REMIT TO:
HANES ENGINEERED MATERIALS
L&P FINANCIAL SERVICES CO.
P O BOX 60984
CHARLOTTE, NC 28260

SOLD TO
CHESTNUT RIDGE FOAM
ROUTE 981 NORTH
PO BOX 781
LA TROBE, PA 15650

SHIP TO
CHESTNUT RIDGE FOAM
ROUTE 981 NORTH
PO BOX 781
LA TROBE, PA 15650

INVOICE NUMBER 62-117735	INVOICE DATE 6/29/2012	TERMS NET 30	CARRIER USF HOLLAND INC	ROUTING	PPDCO C
CUSTOMER NO. 15985	CUSTOMER ORDER NO. 30402	SLS. MGR. SLAMN. 65 452	ORDER DATE 6/26/2012	CONOVER, NC	DAY8
PRODUCT NO. 30333	WIDTH 40.000	DIM-2	DESCRIPTION TICKING FR 4440	PUTUP 250 RL CC 2T	QUANTITY LN
CERTIFICATION: THE SELLER DOES NOT CERTIFY, EITHER IMPLICITLY OR EXPLICITLY, THESE PRODUCTS TO MEET THE REQUIREMENTS OF ANY REGULATORY AGENCY OR SPECIFICATION EXCEPT AS MAY BE CERTIFIED ABOVE OR UNDER SEPARATE WRITTEN CERTIFICATION. ALL TRANSACTIONS ARE SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE OF THIS INVOICE.			USF HOLLAND INC PRO# 10135770954		
			JUL 05 2012		
			TOTAL INVOICE AMOUNT		

15985
ORIGINAL

842 THE LAWS OF THE STATE OF NORTH CAROLINA SHALL GOVERN THIS TRANSACTION. A LATE PAYMENT CHARGE AT A PER ANNUM RATE EQUAL TO THE PRIME RATE OF THE CHASE MANHATTAN BANK, N.A. IN EFFECT ON THE FIRST DAY OF EACH MONTH PLUS 2%, OR 18% PER ANNUM, WHICHEVER RATE IS HIGHER, WILL BE IMPOSED ON THE FIRST OF EACH MONTH ON ALL PAST DUE INVOICES PAID DURING THE MONTH.

TOTAL INVOICE AMOUNT